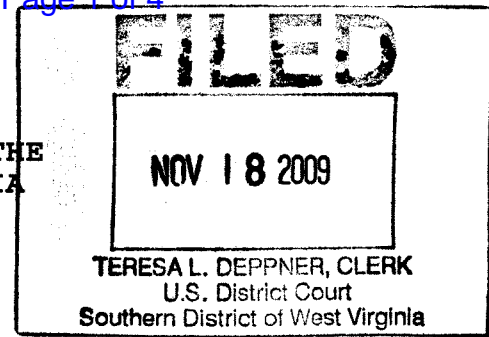


UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON



UNITED STATES OF AMERICA

v.

CRIMINAL NO. 2:09-00259

21 U.S.C. § 846
18 U.S.C. § 1347
18 U.S.C. § 2

JOHN THEODORE TIANO, M.D.

I N F O R M A T I O N

The United States Attorney Charges:

COUNT ONE

(Conspiracy To Misuse Registration Number)

From 2005 and continuing to on or about March 31, 2007, at or near Kermit, Mingo County, West Virginia, and within the Southern District of West Virginia, and elsewhere, defendant JOHN THEODORE TIANO, M.D. and other individuals known to the United States Attorney, knowingly conspired to commit offenses in violation of 21 U.S.C. § 843(a)(2), that is, knowingly and intentionally causing others to use a registration number which was issued to him, in the course of the distribution of, and for the purpose of acquiring and obtaining hydrocodone, a Schedule III controlled substance, and alprazolam, A Schedule IV controlled substance.

In violation of Title 21, United States Code, Section 846.

COUNT TWO

(Health Care Fraud/Aiding And Abetting)

Introduction

At all relevant times:

1. Defendant JOHN THEODORE TIANO, M.D., was a medical doctor licensed in West Virginia and associated with a medical clinic (hereinafter "the clinic"), located between Kermit and Crum, West Virginia.

2. Beginning in or about September 2005, controlled substance prescriptions issued through the clinic were transmitted to and filled at a pharmacy located at or near Kermit, Mingo County, West Virginia.

3. Defendant was the "supervisor" of certain nurse practitioners (N.P.s) and physician' assistants (P.A.s) employed by the clinic.

4. Medicare was a program established and fully funded by the United States to provide health insurance to the elderly, severely disabled, or persons with specific chronic medical conditions. Medicare was administered by the Department of Health and Human Services (HHS) and private companies under contract with HHS.

The Scheme to Defraud

5. From 2005 and continuing to in or about March 31, 2007, at or near Kermit, Mingo County, West Virginia, and within the Southern District of West Virginia, and elsewhere, defendant JOHN THEODORE TIANO, M.D., aided and abetted by others known to the

United States Attorney, did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud a health care benefit program, that is, the Medicare program, which scheme and artifice involved misrepresentation and concealment of material facts, and to obtain, by means of materially false and fraudulent pretenses and representations, money owned by and under the control and custody of the Medicare program, in connection with the payment for medical services and for prescription medication.

Manner and Means of
Execution of the Scheme

6. It was part of the scheme that defendant JOHN THEODORE TIANO, M.D., allowed the clinic and its employees to use his name and Medicare provider number to bill for services as if such services had been personally performed by defendant, a physician, when in fact, they were not.

7. It was further part of the scheme that defendant JOHN THEODORE TIANO, M.D. allowed nurse practitioners and others who were employed by, or associated with, the clinic to use his Drug Enforcement Administration (DEA) registration number to issue controlled substance prescriptions for, and to acquire and obtain hydrocodone, a schedule III controlled substance, and alprazolam, a schedule IV controlled substance.

8. It was further part of the scheme that N.P.s who were employed by the clinic personally met with and provided face-to-face personal examinations and evaluations of patients.

9. It was further part of the scheme that defendant normally did not meet with or perform face-to-face examinations and evaluations of patients at the clinic.

10. It was further part of the scheme that employees of the clinic, would and did complete billing documents falsely indicating that services had been personally provided by defendant to Medicare beneficiaries, thereby facilitating payments by Medicare.

11. As a result of the fraudulent scheme, defendant JOHN THEODORE TIANO, M.D., aided and abetted by others known to the United States Attorney, would and did cause the Medicare program to pay \$119,785.57 for services ostensibly performed by a physician, which were not, in fact, performed by a physician.

In violation of Title 18, United States Code, Sections 1347 and 2.

UNITED STATES OF AMERICA

CHARLES T. MILLER
United States Attorney

By: Monica K. Schwartz
MONICA K. SCHWARTZ
Assistant United States Attorney